

COVA Care Monthly Premiums

Coverage Option	Employee Single	Employee Plus One	Family
COVA Care Health Plan Basic Plan – No Options			
You pay	\$28	\$70	\$99
State pays	\$264	\$471	\$690
Total Premium	\$292	\$541	\$789

Additional Coverage Options

You may elect additional coverage each spring at Open Enrollment. You pay your basic COVA Care premium *plus* the additional premium shown below. Select *one* from Options A through E.

Coverage Option	Employee Single	Employee Plus One	Family
A Out-of-Network You pay	\$7	\$9	\$11
B Expanded Dental You pay	\$9	\$17	\$26
C Vision, Hearing and Expanded Dental You pay	\$15	\$28	\$40
D Out-of-Network and Expanded Dental You pay	\$16	\$26	\$37
E Out-of-Network and Vision, Hearing and Expanded Dental You pay	\$22	\$37	\$51

Kaiser Permanente Monthly Premiums

Coverage Option	Employee Single	Employee Plus One	Family
You Pay	\$28	\$70	\$99
State Pays	\$263	\$468	\$687
Total Premium	\$291	\$538	\$786

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